



**PRE-EMPLOYMENT
FULL SECURITY CLEARANCE
PERSONAL HISTORY
STATEMENT**

CASE NUMBER (ISP use only): _____

APPLICANT'S NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

POSITION APPLIED FOR: _____

INVESTIGATOR ASSIGNED (ISP use only): _____

IDAHO STATE POLICE

Personal History Statement (PHS)

Personal

The following information is requested of you for verification and contact purposes:

| | | | |
|---|-------------|--|--|
| 1. Please print or type your full legal name | | | |
| Last | First | Middle | Age |
| Other names (including nicknames) you have used or been known by: | | | Maiden name |
| 2. Residence <input type="checkbox"/> Own <input type="checkbox"/> Rent | | | |
| Number | Street | City | State Zip Code |
| 3. Please list your residence phone and an alternate number for messages | | () _____ Residence | () _____ Message <input type="checkbox"/> Work <input type="checkbox"/> Other |
| Please list your mailing address if it is different from your residence address | | | |
| Number | Street | City | State Zip Code |
| 4. Birth Date | | 5. You must be a citizen of the United States or a permanent resident alien who is eligible for and has applied for citizenship. Can you provide documentation to confirm this? | |
| Month | Day Year | Place of Birth: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 6. Social Security Number | | (In accordance with the Federal Privacy Act of 1974, disclosure is voluntary. The SSN will be used for identification purposes to ensure that proper records are obtained.) | |
| -- -- | | | |
| 7. For the purposes of identification, please provide the following: | | | |
| Height | Weight | Hair Color | Eye Color |
| Scars, tattoos or other distinguishing marks | | | |

Relatives, References, Acquaintances

During the course of the background investigation, persons who know you will be asked to comment upon your suitability for the ISP position that you have applied for. Inquiries will be confined to job related matters.

8. Please provide the appropriate information in the spaces provided below. If a category is not applicable, write in "N/A".

| Name of your: | Address where person can be contacted (Include City, State and Zip code) | Telephone number at which person can be contacted (include area code) |
|--------------------------------------|---|---|
| Father | Home <input type="checkbox"/> Work <input type="checkbox"/> | Home () |
| | | Work () |
| Mother | Home <input type="checkbox"/> Work <input type="checkbox"/> | Home () |
| | | Work () |
| Father-in-law | Home <input type="checkbox"/> Work <input type="checkbox"/> | Home () |
| | | Work () |
| Mother-in-law | Home <input type="checkbox"/> Work <input type="checkbox"/> | Home () |
| | | Work () |
| Spouse/Parent of Children in Common | Home <input type="checkbox"/> Work <input type="checkbox"/> | Home () |
| | | Work () |
| Spouse's maiden name | Spouse's date of birth | Date of marriage |
| Spouse's employer (name and address) | | Place of marriage |
| Occupation | | How long |
| Telephone | | () |
| Other names spouse has used | | |

Personal History Statement

Relatives, References, Acquaintances Continued

| | | | | |
|--|--|---|--------------------|------------------------|
| Name of former spouse/parent of children in common | | Date of Marriage | Date of Divorce | City, State of Divorce |
| Amount of alimony or child support received or paid (circle one) | | Have you ever been delinquent in making required payment(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No Approx. Times: | | |
| Present address of former spouse/parent of children in common | | | Telephone () | |
| Name of former spouse | | Date of Marriage | Date of Divorce | City, State of Divorce |
| Amount of alimony or child support received or paid | | Have you ever been delinquent in payment? <input type="checkbox"/> Yes <input type="checkbox"/> No Approx. Times: | | |
| Present address of former spouse | | | Telephone () | |

| Name of your: | Address where person can be contacted (Include City, State and Zip code) | Telephone number at which person can be contacted (include area code) |
|--|---|--|
| Brother(s) and Sister(s) | Home <input type="checkbox"/> Work <input type="checkbox"/> | Home () |
| | | Work () |
| | Home <input type="checkbox"/> Work <input type="checkbox"/> | Home () |
| | | Work () |
| | Home <input type="checkbox"/> Work <input type="checkbox"/> | Home () |
| | | Work () |
| Step-mother | Home <input type="checkbox"/> Work <input type="checkbox"/> | Home () |
| | | Work () |
| Step-father | Home <input type="checkbox"/> Work <input type="checkbox"/> | Home () |
| | | Work () |
| Step-brother(s) and Step-sister(s) | Home <input type="checkbox"/> Work <input type="checkbox"/> | Home () |
| | | Work () |
| | Home <input type="checkbox"/> Work <input type="checkbox"/> | Home () |
| | | Work () |
| | Home <input type="checkbox"/> Work <input type="checkbox"/> | Home () |
| | | Work () |
| Other relatives with whom you have a close personal relationship (list all of your children and their ages). | | |
| | Relationship | Home () |
| | | Work () |

Continued...

Personal History Statement

Relatives, References, Acquaintances Continued

| Other relatives with whom you have a close personal relationship (including children and their ages). (Continued) | | | |
|---|--------------|---|----------|
| | Relationship | Home <input type="checkbox"/> Work <input type="checkbox"/> | Home () |
| | | | Work () |
| | | Home <input type="checkbox"/> Work <input type="checkbox"/> | Home () |
| | | | Work () |
| | | Home <input type="checkbox"/> Work <input type="checkbox"/> | Home () |
| | | | Work () |

9. Below, please list those individuals with whom you have resided during the last ten (10) years. Exclude family members.
****List the individual's current address.**

| | | |
|-----------|---|----------|
| From: To: | Home <input type="checkbox"/> Work <input type="checkbox"/> | Home () |
| | | Work () |
| From: To: | Home <input type="checkbox"/> Work <input type="checkbox"/> | Home () |
| | | Work () |
| From: To: | Home <input type="checkbox"/> Work <input type="checkbox"/> | Home () |
| | | Work () |
| From: To: | Home <input type="checkbox"/> Work <input type="checkbox"/> | Home () |
| | | Work () |
| From: To: | Home <input type="checkbox"/> Work <input type="checkbox"/> | Home () |
| | | Work () |
| From: To: | Home <input type="checkbox"/> Work <input type="checkbox"/> | Home () |
| | | Work () |
| From: To: | Home <input type="checkbox"/> Work <input type="checkbox"/> | Home () |
| | | Work () |

10. Please list six (6) individuals such as friends, co-workers, neighbors, classmates, teachers, and supervisors who have knowledge of you and your qualifications. Exclude relatives and individuals from question #9.

| Name: | Address where person can be contacted (Include City, State and Zip code) | Telephone number at which person can be contacted (include area code) |
|----------------------|---|--|
| How known? How long? | Home <input type="checkbox"/> Work <input type="checkbox"/> | Home () |
| | | Work () |
| How known? How long? | Home <input type="checkbox"/> Work <input type="checkbox"/> | Home () |
| | | Work () |
| How known? How long? | Home <input type="checkbox"/> Work <input type="checkbox"/> | Home () |
| | | Work () |

Continued...

Personal History Statement

Relatives, References, Acquaintances Continued

Question #10 continued:

| Name: | Address where person can be contacted (Include City, State and Zip code) | Telephone number at which person can be contacted (include area code) |
|----------------------|---|--|
| How known? How long? | Home <input type="checkbox"/> Work <input type="checkbox"/> | Home () Work () |
| How known? How long? | Home <input type="checkbox"/> Work <input type="checkbox"/> | Home () Work () |
| How known? How long? | Home <input type="checkbox"/> Work <input type="checkbox"/> | Home () Work () |

11. Please list any individuals that you are acquainted with who are members of law enforcement agencies. Exclude individuals who are listed in questions #9 and #10.

| Name and Rank: | Address where person can be contacted (Include City, State and Zip code) | Telephone number at which person can be contacted (include area code) |
|----------------|---|--|
| | | Home () Work () |
| Department | Home <input type="checkbox"/> Work <input type="checkbox"/> | Home () Work () |
| | | Home () Work () |
| Department | Home <input type="checkbox"/> Work <input type="checkbox"/> | Home () Work () |
| | | Home () Work () |
| Department | Home <input type="checkbox"/> Work <input type="checkbox"/> | Home () Work () |
| | | Home () Work () |
| Department | Home <input type="checkbox"/> Work <input type="checkbox"/> | Home () Work () |
| | | Home () Work () |

Education

12. Please indicate level of education:

- ☐ I possess a high school diploma dated _____
- ☐ I passed the G.E.D. (General Educational Development) test _____ date _____ location _____
- ☐ I possess a two-year college degree dated _____
- ☐ I possess a four-year college or university degree dated _____

Personal History Statement

Education

13. Please indicate below all the schools you have attended beginning with high school. During the background investigation, persons who have known you in a learning environment may be contacted.

| Name of School | Location of School (City and State) | Dates Attended | | Major | Units Earned | Type of Degree |
|----------------|--|--------------------|------------------|-------|-----------------|-------------------|
| | | From Month/Year | To Month/Year | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

14. Have you ever been suspended or expelled from any high school or post-secondary school? (Post-secondary schools include two- and four-year colleges, universities and business and vocational schools - any formal education beyond the high school level.)

☐ Yes ☐ No

If "yes", please explain (include school, date, and circumstances). _____

Residence

Individuals who have become acquainted with you by reason of your residing in different locations, are often helpful in providing useful information for a background investigation.

15. Please list all of your residences back at least 10 years. There should be no gaps in residence dates. Begin with your current residence and list backward in chronological order.

| | Address | City, State, Zip Code | Dates | | If rented, give name, address and telephone of the Person responsible for the collection of the rent. |
|---|---|-----------------------|-------------------|---------------|---|
| | | | From Mo. Yr. | To Mo. Yr. | |
| A | | | | | |
| | With whom did you live (include relationship) | | Reason for moving | | |
| B | | | | | |
| | With whom did you live (include relationship) | | Reason for moving | | |
| C | | | | | |
| | With whom did you live (include relationship) | | Reason for moving | | |

Continued...

Personal History Statement

Residence Continued

| | Address | City, State, Zip Code | Dates | | If rented, give name, address and telephone of the person responsible for the collection of the rent. |
|---|---|-----------------------|-------------------|---------------|---|
| | | | From Mo. Yr. | To Mo. Yr. | |
| D | | | | | |
| | With whom did you live (include relationship) | | Reason for moving | | |
| E | | | | | |
| | With whom did you live (include relationship) | | Reason for moving | | |
| F | | | | | |
| | With whom did you live (include relationship) | | Reason for moving | | |
| G | | | | | |
| | With whom did you live (include relationship) | | Reason for moving | | |
| H | | | | | |
| | With whom did you live (include relationship) | | Reason for moving | | |
| I | | | | | |
| | With whom did you live (include relationship) | | Reason for moving | | |
| J | | | | | |
| | With whom did you live (include relationship) | | Reason for moving | | |
| K | | | | | |
| | With whom did you live (include relationship) | | Reason for moving | | |
| L | | | | | |
| | With whom did you live (include relationship) | | Reason for moving | | |

Personal History Statement

Experience and Employment

16. Beginning with your most current employment, **please list in chronological order** all jobs (including part-time, temporary and voluntary positions) you have held in the past 10 years. For the purposes of this personal history statement, voluntary work should be included as employment. For identification and verification, please indicate the nature of the activity, i.e., full-time, part-time, or voluntary. If you have had intervening periods of military service or unemployment, please list those periods in sequence in the spaces provided.

| | | | | | |
|--|--|---|-----------|-------------------------|-----------|
| Dates of employment | | Name and complete address of employer, include zip code | | Name of supervisor | |
| From Mo. Yr. To Mo. Yr. ____/____/____ ____/____/____ <input type="checkbox"/> Full-time <input type="checkbox"/> Present <input type="checkbox"/> Part-time _____ Yrs. <input type="checkbox"/> Voluntary _____ Mo. | | Telephone No. | | Name(s) of co-worker(s) | |
| Reason for leaving | | Job title and duties (for identification purposes) | | | |
| <input type="checkbox"/> Military Service <input type="checkbox"/> Not employed | | From | Mo. / Yr. | To | Mo. / Yr. |
| Dates of employment | | Name and complete address of employer, include zip code | | Name of supervisor | |
| From Mo. Yr. To Mo. Yr. ____/____/____ ____/____/____ <input type="checkbox"/> Full-time <input type="checkbox"/> Present <input type="checkbox"/> Part-time _____ Yrs. <input type="checkbox"/> Voluntary _____ Mo. | | Telephone No. | | Name(s) of co-worker(s) | |
| Reason for leaving | | Job title and duties (for identification purposes) | | | |
| <input type="checkbox"/> Military Service <input type="checkbox"/> Not employed | | From | Mo. / Yr. | To | Mo. / Yr. |
| Dates of employment | | Name and complete address of employer, include zip code | | Name of supervisor | |
| From Mo. Yr. To Mo. Yr. ____/____/____ ____/____/____ <input type="checkbox"/> Full-time <input type="checkbox"/> Present <input type="checkbox"/> Part-time _____ Yrs. <input type="checkbox"/> Voluntary _____ Mo. | | Telephone No. | | Name(s) of co-worker(s) | |
| Reason for leaving | | Job title and duties (for identification purposes) | | | |
| <input type="checkbox"/> Military Service <input type="checkbox"/> Not employed | | From | Mo. / Yr. | To | Mo. / Yr. |
| Dates of employment | | Name and complete address of employer, include zip code | | Name of supervisor | |
| From Mo. Yr. To Mo. Yr. ____/____/____ ____/____/____ <input type="checkbox"/> Full-time <input type="checkbox"/> Present <input type="checkbox"/> Part-time _____ Yrs. <input type="checkbox"/> Voluntary _____ Mo. | | Telephone No. | | Name(s) of co-worker(s) | |
| Reason for leaving | | Job title and duties (for identification purposes) | | | |
| <input type="checkbox"/> Military Service <input type="checkbox"/> Not employed | | From | Mo. / Yr. | To | Mo. / Yr. |
| Dates of employment | | Name and complete address of employer, include zip code | | Name of supervisor | |
| From Mo. Yr. To Mo. Yr. ____/____/____ ____/____/____ <input type="checkbox"/> Full-time <input type="checkbox"/> Present <input type="checkbox"/> Part-time _____ Yrs. <input type="checkbox"/> Voluntary _____ Mo. | | Telephone No. | | Name(s) of co-worker(s) | |
| Reason for leaving | | Job title and duties (for identification purposes) | | | |
| <input type="checkbox"/> Military Service <input type="checkbox"/> Not employed | | From | Mo. / Yr. | To | Mo. / Yr. |

Continued...

Personal History Statement

Experience and Employment Continued

Question #16 continued:

| | | | | | |
|---|----------------------------------|---|-----------|-------------------------|-----------|
| Dates of employment | | Name and complete address of employer, include zip code | | Name of supervisor | |
| From Mo. Yr. / | To Mo. Yr. / | Telephone No. | | Name(s) of co-worker(s) | |
| <input type="checkbox"/> Full-time | <input type="checkbox"/> Present | | | | |
| <input type="checkbox"/> Part-time | Yrs. | Job title and duties (for identification purposes) | | | |
| <input type="checkbox"/> Voluntary | Mo. | | | | |
| Reason for leaving | | | | | |
| <input type="checkbox"/> Military Service <input type="checkbox"/> Not employed | | From | Mo. / Yr. | To | Mo. / Yr. |
| Dates of employment | | Name and complete address of employer, include zip code | | Name of supervisor | |
| From Mo. Yr. / | To Mo. Yr. / | Telephone No. | | Name(s) of co-worker(s) | |
| <input type="checkbox"/> Full-time | <input type="checkbox"/> Present | | | | |
| <input type="checkbox"/> Part-time | Yrs. | Job title and duties (for identification purposes) | | | |
| <input type="checkbox"/> Voluntary | Mo. | | | | |
| Reason for leaving | | | | | |
| <input type="checkbox"/> Military Service <input type="checkbox"/> Not employed | | From | Mo. / Yr. | To | Mo. / Yr. |
| Dates of employment | | Name and complete address of employer, include zip code | | Name of supervisor | |
| From Mo. Yr. / | To Mo. Yr. / | Telephone No. | | Name(s) of co-worker(s) | |
| <input type="checkbox"/> Full-time | <input type="checkbox"/> Present | | | | |
| <input type="checkbox"/> Part-time | Yrs. | Job title and duties (for identification purposes) | | | |
| <input type="checkbox"/> Voluntary | Mo. | | | | |
| Reason for leaving | | | | | |
| <input type="checkbox"/> Military Service <input type="checkbox"/> Not employed | | From | Mo. / Yr. | To | Mo. / Yr. |
| Dates of employment | | Name and complete address of employer, include zip code | | Name of supervisor | |
| From Mo. Yr. / | To Mo. Yr. / | Telephone No. | | Name(s) of co-worker(s) | |
| <input type="checkbox"/> Full-time | <input type="checkbox"/> Present | | | | |
| <input type="checkbox"/> Part-time | Yrs. | Job title and duties (for identification purposes) | | | |
| <input type="checkbox"/> Voluntary | Mo. | | | | |
| Reason for leaving | | | | | |
| <input type="checkbox"/> Military Service <input type="checkbox"/> Not employed | | From | Mo. / Yr. | To | Mo. / Yr. |
| Dates of employment | | Name and complete address of employer, include zip code | | Name of supervisor | |
| From Mo. Yr. / | To Mo. Yr. / | Telephone No. | | Name(s) of co-worker(s) | |
| <input type="checkbox"/> Full-time | <input type="checkbox"/> Present | | | | |
| <input type="checkbox"/> Part-time | Yrs. | Job title and duties (for identification purposes) | | | |
| <input type="checkbox"/> Voluntary | Mo. | | | | |
| Reason for leaving | | | | | |
| <input type="checkbox"/> Military Service <input type="checkbox"/> Not employed | | From | Mo. / Yr. | To | Mo. / Yr. |

Personal History Statement

Experience and Employment Continued

17. Would any problem result if your present employer was contacted during the course of the background investigation?

☐ Yes ☐ No

If "yes", please explain below

18. Have you ever held employment under another name? ☐ Yes ☐ No

If "yes", please give details (include when, name of employer(s)).

19. Have you had any extended work absences for reasons other than earned vacations? ☐ Yes ☐ No

If "yes", please explain (include when, name of employer(s) and why).

20. Have you ever been fired or asked to resign from any place of employment? ☐ Yes ☐ No

If "yes", please give details (include when, name of employer(s), why).

21. If you have never held employment, please explain why.

Military Service

22. Have you ever served in the armed forces, National Guard or military reserves? ☐ Yes ☐ No

| | | | |
|-------------------|----------------|--|-------------------|
| Branch of Service | Service Number | Dates of Service ____/____ to ____/____ | Type of Discharge |
|-------------------|----------------|--|-------------------|

23. If you are a male and have never served in the armed forces, please provide the following (if applicable):

| | | |
|--------------------------|----------------------------------|---------------------------------|
| Selective Service Number | Approximate Date of Registration | Address at Time of registration |
|--------------------------|----------------------------------|---------------------------------|

24. Were you ever investigated for any criminal activity while in the military? ☐ Yes ☐ No If yes, explain on back of page.

25. Are you *currently* participating in any military reserve or National Guard program? ☐ Yes ☐ No

26. Have you ever been the subject of any judicial or non-judicial disciplinary action while in the military, National Guard or military reserves? ☐ Yes ☐ No If "yes", explain below. Please be specific and continue on the back of the page with more detail.

Personal History Statement

Military Service Continued

| 27. Past commanding officers or military acquaintances are potential sources of relevant information pertaining to your background. Please list those individuals who know you well enough to provide accurate information about you. | | | | |
|--|-----------------|-------------------|-------------|----|
| Name | Contact Address | Contact Telephone | Years Known | |
| | | | From | To |
| | | | | |
| | | | | |
| | | | | |

Financial

| | | | | | |
|---|----|--|--|----|--|
| 28. The management of personal finances is relevant to an individual's qualifications for employment with the Idaho State Police. Therefore, please fill in the financial statement below. Be complete and accurate. The amount of indebtedness in itself will not be used in evaluating your qualifications, but rather the behavior exhibited in meeting your financial obligations. | | | | | |
| Current Monthly Income | | | Current Monthly Expenditures | | |
| Monthly salary | \$ | | Real estate (mortgage) payment(s) | \$ | |
| Spouse's salary | | | Rent | | |
| Other monthly income – describe: | | | All credit cards - describe: | | |
| | | | | | |
| | | | Car payments: | | |
| | | | Student Loans: | | |
| | | | Other monthly payments – describe: | | |
| | | | | | |
| | | | Estimated monthly cost of living (include utilities, food, gasoline, home and car maintenance, entertainment, etc.) and any other obligations. | | |
| TOTAL MONTHLY INCOME | \$ | | TOTAL MONTHLY EXPENDITURES | \$ | |
| Current Assets | | | Current Liabilities | | |
| Savings | \$ | | Real estate indebtedness | \$ | |
| Checking | | | Car loan balance: | | |
| Real estate value (what you could sell it for today) | | | Credit card debt: | | |
| Stocks and bonds | | | Student loan balance | | |
| Life insurance (cash value of whole life policy) | | | Other liabilities/debt – describe: | | |
| Autos | | | | | |
| Other assets - describe: | | | | | |
| | | | | | |
| | | | | | |
| TOTAL ASSETS | \$ | | TOTAL LIABILITIES | \$ | |

Personal History Statement

Financial Continued

29. Please list all banks or savings institutions where you have accounts, indicating whether accounts are savings or checking.

| | | | | |
|-------------|--------|---------|-----------------|--|
| INSTITUTION | BRANCH | ADDRESS | TYPE OF ACCOUNT | |
| | | | HOW LONG | |
| INSTITUTION | BRANCH | ADDRESS | TYPE OF ACCOUNT | |
| | | | HOW LONG | |
| INSTITUTION | BRANCH | ADDRESS | TYPE OF ACCOUNT | |
| | | | HOW LONG | |
| INSTITUTION | BRANCH | ADDRESS | TYPE OF ACCOUNT | |
| | | | HOW LONG | |

30. Please supply more detailed information about your charge accounts, leases, contracts and other financial liabilities.

| | Firm | Address, City, State and Zip Code | Account Number | |
|---|-----------------|-----------------------------------|----------------------|-----------------|
| A | | | | |
| | Reason for debt | Monthly payments | Original amount owed | Current balance |
| B | | | | |
| | Reason for debt | Monthly payments | Original amount owed | Current balance |
| C | | | | |
| | Reason for debt | Monthly payments | Original amount owed | Current balance |
| D | | | | |
| | Reason for debt | Monthly payments | Original amount owed | Current balance |
| E | | | | |
| | Reason for debt | Monthly payments | Original amount owed | Current balance |
| F | | | | |
| | Reason for debt | Monthly payments | Original amount owed | Current balance |
| G | | | | |
| | Reason for debt | Monthly payments | Original amount owed | Current balance |
| H | | | | |
| | Reason for debt | Monthly payments | Original amount owed | Current balance |
| I | | | | |
| | Reason for debt | Monthly payments | Original amount owed | Current balance |

Personal History Statement

Financial

Continued

| |
|--|
| 31. Have you ever filed for or declared bankruptcy; or filed for the wage earner's plan? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", please give details (include when, where, why). |
| |
| |
| |
| |
| |
| 32. Have any of your bills ever been turned over to a collection agency? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", please give details (include when, firms involved, circumstances). |
| |
| |
| |
| |
| |
| 33. Have you ever had purchased goods repossessed? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", please give details (include when, firms involved, circumstances). |
| |
| |
| |
| |
| |

Legal

| 34. Have you ever been charged, arrested or convicted for any criminal offense? (Do not include traffic citations unless you were taken into custody) <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", provide the following information, starting with the most recent event. Explain in more detail on the back of the page. <i>(An arrest resulting in a withheld judgment, or the fact that your record may have been affected by a sealing, an expungement, a release, or a pardon has specific legal implications as to how you should answer this question. Please see the instructions for details.)</i> | | | |
|--|-----------|--------------------------------|---------|
| Date | Charge(s) | Police agency/city or locality | Penalty |
| | | | |
| | | | |
| | | | |
| | | | |
| 35. Have you ever been placed on court probation as an adult? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", please give details (include when, where, why). Give dates of probation starting with the most recent. | | | |
| | | | |
| | | | |
| | | | |
| 36. Have you ever been detained, questioned, held on suspicion or fingerprinted, although not arrested, during the course of a criminal investigation conducted by a law enforcement agency? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", explain in detail on back of page. | | | |
| 37. Have you ever collected unemployment or welfare benefits (including food stamps) when you were not entitled to them, or received an "overpayment" which you were required to repay? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", explain in detail on back of page. | | | |
| 38. Have you complied with the draft registration laws? <input type="checkbox"/> Yes <input type="checkbox"/> No If "no", please explain on back of page. | | | |
| 39. Were you ever required to appear before a juvenile court for an act which would have been a crime if committed by an adult? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", please explain below and include dates. | | | |
| | | | |
| | | | |
| | | | |

Personal History Statement

Legal

Continued

| | | | |
|---|---|-------------------------------------|---------------------------------------|
| 40. Have you ever been reported to a law enforcement agency as a missing person or a runaway? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", please give details including date, law enforcement agency and circumstances. | | | |
| | | | |
| 41. Have you ever applied for a permit to carry a concealed weapon? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", please provide the following information: | | | |
| Permit granted? <input type="checkbox"/> Yes <input type="checkbox"/> No | Date | Name of law enforcement agency | |
| Purpose | | | |
| 42. Are you now or have you ever been involved as a plaintiff or defendant in any civil court action? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", please give details including when, where, name and location of court, and circumstances. | | | |
| | | | |
| 43. Have you experimented with, or tried, any type of an illegal drug or narcotic? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", indicate with an "X" all drugs that you have experimented with, or tried, from the list below. Experimentation includes, but is not limited to smoking, swallowing, tasting, inhaling, or injecting. | | | |
| <input type="checkbox"/> Marijuana | <input type="checkbox"/> Peyote | <input type="checkbox"/> Downers | <input type="checkbox"/> Opiates |
| <input type="checkbox"/> Hashish | <input type="checkbox"/> Mushrooms | <input type="checkbox"/> Reds | <input type="checkbox"/> Heroin |
| <input type="checkbox"/> Hashish oil | <input type="checkbox"/> Uppers | <input type="checkbox"/> Quaaludes | <input type="checkbox"/> Steroids |
| <input type="checkbox"/> Cocaine | <input type="checkbox"/> Methamphetamines | <input type="checkbox"/> PCP | <input type="checkbox"/> Other (list) |
| <input type="checkbox"/> Crack | <input type="checkbox"/> Speed | <input type="checkbox"/> Shermes | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Rock | <input type="checkbox"/> Crank | <input type="checkbox"/> Angel Dust | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Ice | <input type="checkbox"/> Crystal | <input type="checkbox"/> LSD | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Amphetamines | <input type="checkbox"/> Barbiturates | <input type="checkbox"/> Acid | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Crosstops | <input type="checkbox"/> Black Beauties | <input type="checkbox"/> Mescaline | <input type="checkbox"/> _____ |
| If you checked any of the above drugs, give details below: | | | |
| Type of Drug or Narcotic | Month and Year First Used | Month and Year Last Used | Lifetime Total Times Used |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 44. Have you ever used a prescription drug not prescribed for you? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", explain on back of page. | | | |
| 45. Have you ever sold, provided or given illegal drugs or narcotics to anyone? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", explain on back of page. | | | |
| 46. Have you ever grown marijuana or manufactured any type of drug or narcotic? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", explain on back of page. | | | |
| 47. Have you or anyone else ever injected an illegal drug or narcotic into your body? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", explain on back of page. | | | |
| 48. Do you associate with any person who you suspect uses illegal drugs or narcotics? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", explain on back of page. | | | |
| 49. When was the last time you were present where illegal drugs, narcotics, or other illegal substances were being used? Month _____ Year _____ Type of location: _____ Circumstances: _____ | | | |

Personal History Statement

Motor Vehicle Operation

Operation of a motor vehicle is an integral part of the position of peace officer. An investigation of your driving history will be made through a records check. To expedite this procedure, please supply the following information:

| | | | | | |
|---|------------------------|--------------------------------------|--|--------------------------------------|--------------------|
| 50. Idaho driver's license number | | Class (Type of License) | | Expiration date | |
| Name under which license was granted | | Other Names Used | | | |
| 51. Please list other states where you have been licensed to operate a motor vehicle. | | | | | |
| State | Yrs | State | Yrs | State | Yrs |
| Name under which license was granted | | Name under which license was granted | | Name under which license was granted | |
| NUMBER | | NUMBER | | NUMBER | |
| 52. Have you ever been refused a driver's license by any state? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", please explain including when, where and why. | | | | | |
| | | | | | |
| | | | | | |
| 53. Have you ever applied or obtained a driver's license under a fictitious name? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", explain. | | | | | |
| | | | | | |
| 54. Idaho law requires that operators and owners of motor vehicles be covered by automobile liability insurance or bond or deposit of \$50,000 cash or securities with the Idaho State Treasurer. Therefore, please list the current liability insurance you have with your motor vehicles. | | | | | |
| Company | | Address | | Policy Number | Date of Expiration |
| | | | | | |
| | | | | | |
| If you are bonded or have deposited \$50,000 to meet your motor vehicle financial responsibility, please indicate. <input type="checkbox"/> Bond <input type="checkbox"/> \$50,000 | | | | | |
| 55. Please list all traffic citations (excluding parking citations) you have received in the last 5 years starting with the most recent. If additional room is needed, please continue on the back of the page using the same format. | | | | | |
| Nature of Violation | Location (City, State) | Approximate Date | Indicate whether fined or action taken on driver's license | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 56. Have you ever failed to appear in court on a traffic citation? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", was a warrant ever issued? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", please explain on the back of the page. | | | | | |
| 57. Have you ever failed to pay a parking citation? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", please explain on the back of the page. | | | | | |

Continued...

Personal History Statement

Motor Vehicle Operation Continued

| | | | | |
|--|---------------|---|--|--|
| 58. Have you ever been involved in a motor vehicle accident as a driver? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", please give the following information: | | | | |
| Date | Location | <input type="checkbox"/> Injury <input type="checkbox"/> Non-injury | | |
| Police Investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No | Police Agency | Were you cited or arrested? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Date | Location | <input type="checkbox"/> Injury <input type="checkbox"/> Non-injury | | |
| Police Investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No | Police Agency | Were you cited or arrested? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Date | Location | <input type="checkbox"/> Injury <input type="checkbox"/> Non-injury | | |
| Police Investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No | Police Agency | Were you cited or arrested? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

59. Is there anything you wish to discuss about your driving record? Please use the space below.

| 60. List all vehicles you own, posses and/or that are registered to you: | | | | |
|---|------|-------|------------|-------------------------|
| Year | Make | Color | Body-style | License (Include State) |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

61. Has your license ever been suspended, revoked, or disqualified in Idaho or in any other state? ☐ Yes ☐ No
 If "yes", please give details including what, when where, why.

62. Have you ever been refused insurance for any reason other than failure to pay a premium? ☐ Yes ☐ No
 If "yes", please explain including company name and address, date, and reason.

Personal History Statement

Law Enforcement Information

| | | |
|--|-------------------------|-------------------|
| 63. Have you ever been a successful or unsuccessful candidate for any law enforcement agency, including this department? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", please list all agencies with which you have applied, starting with the most recent. Give complete addresses and an appropriate telephone number for each agency. | | |
| Name of Agency - Complete Address, Zip Code, Telephone | Position/Classification | Date (Month/Year) |
| Submitted Application Only <input type="checkbox"/> Took Written? <input type="checkbox"/> Yes <input type="checkbox"/> No Took physical abilities? <input type="checkbox"/> Yes <input type="checkbox"/> No Submitted background packet? <input type="checkbox"/> Yes <input type="checkbox"/> No Background investigation conducted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Psychological? <input type="checkbox"/> Yes <input type="checkbox"/> No Polygraph? <input type="checkbox"/> Yes <input type="checkbox"/> No Medical? <input type="checkbox"/> Yes <input type="checkbox"/> No STATUS AND/OR RESULTS: | | |
| Name of Agency - Complete Address, Zip Code, Telephone | Position/Classification | Date (Month/Year) |
| Submitted Application Only <input type="checkbox"/> Took Written? <input type="checkbox"/> Yes <input type="checkbox"/> No Took physical abilities? <input type="checkbox"/> Yes <input type="checkbox"/> No Submitted background packet? <input type="checkbox"/> Yes <input type="checkbox"/> No Background investigation conducted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Psychological? <input type="checkbox"/> Yes <input type="checkbox"/> No Polygraph? <input type="checkbox"/> Yes <input type="checkbox"/> No Medical? <input type="checkbox"/> Yes <input type="checkbox"/> No STATUS AND/OR RESULTS: | | |
| Name of Agency - Complete Address, Zip Code, Telephone | Position/Classification | Date (Month/Year) |
| Submitted Application Only <input type="checkbox"/> Took Written? <input type="checkbox"/> Yes <input type="checkbox"/> No Took physical abilities? <input type="checkbox"/> Yes <input type="checkbox"/> No Submitted background packet? <input type="checkbox"/> Yes <input type="checkbox"/> No Background investigation conducted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Psychological? <input type="checkbox"/> Yes <input type="checkbox"/> No Polygraph? <input type="checkbox"/> Yes <input type="checkbox"/> No Medical? <input type="checkbox"/> Yes <input type="checkbox"/> No STATUS AND/OR RESULTS: | | |
| Name of Agency - Complete Address, Zip Code, Telephone | Position/Classification | Date (Month/Year) |
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| Name of Agency - Complete Address, Zip Code, Telephone | Position/Classification | Date (Month/Year) |
| Submitted Application Only <input type="checkbox"/> Took Written? <input type="checkbox"/> Yes <input type="checkbox"/> No Took physical abilities? <input type="checkbox"/> Yes <input type="checkbox"/> No Submitted background packet? <input type="checkbox"/> Yes <input type="checkbox"/> No Background investigation conducted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Psychological? <input type="checkbox"/> Yes <input type="checkbox"/> No Polygraph? <input type="checkbox"/> Yes <input type="checkbox"/> No Medical? <input type="checkbox"/> Yes <input type="checkbox"/> No STATUS AND/OR RESULTS: | | |

Continued...

Personal History Statement

Law Enforcement Information continued

| | | |
|--|-------------------------|-------------------|
| Name of Agency - Complete Address, Zip Code, Telephone | Position/Classification | Date (Month/Year) |
| Submitted Application Only <input type="checkbox"/> Took Written? <input type="checkbox"/> Yes <input type="checkbox"/> No Took physical agilities? <input type="checkbox"/> Yes <input type="checkbox"/> No Submitted background packet? <input type="checkbox"/> Yes <input type="checkbox"/> No Background investigation conducted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Psychological? <input type="checkbox"/> Yes <input type="checkbox"/> No Polygraph? <input type="checkbox"/> Yes <input type="checkbox"/> No Medical? <input type="checkbox"/> Yes <input type="checkbox"/> No STATUS AND/OR RESULTS: | | |
| Name of Agency - Complete Address, Zip Code, Telephone | Position/Classification | Date (Month/Year) |
| Submitted Application Only <input type="checkbox"/> Took Written? <input type="checkbox"/> Yes <input type="checkbox"/> No Took physical agilities? <input type="checkbox"/> Yes <input type="checkbox"/> No Submitted background packet? <input type="checkbox"/> Yes <input type="checkbox"/> No Background investigation conducted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Psychological? <input type="checkbox"/> Yes <input type="checkbox"/> No Polygraph? <input type="checkbox"/> Yes <input type="checkbox"/> No Medical? <input type="checkbox"/> Yes <input type="checkbox"/> No STATUS AND/OR RESULTS: | | |
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| Name of Agency - Complete Address, Zip Code, Telephone | Position/Classification | Date (Month/Year) |
| Submitted Application Only <input type="checkbox"/> Took Written? <input type="checkbox"/> Yes <input type="checkbox"/> No Took physical agilities? <input type="checkbox"/> Yes <input type="checkbox"/> No Submitted background packet? <input type="checkbox"/> Yes <input type="checkbox"/> No Background investigation conducted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Psychological? <input type="checkbox"/> Yes <input type="checkbox"/> No Polygraph? <input type="checkbox"/> Yes <input type="checkbox"/> No Medical? <input type="checkbox"/> Yes <input type="checkbox"/> No STATUS AND/OR RESULTS: | | |
| Name of Agency - Complete Address, Zip Code, Telephone | Position/Classification | Date (Month/Year) |
| Submitted Application Only <input type="checkbox"/> Took Written? <input type="checkbox"/> Yes <input type="checkbox"/> No Took physical agilities? <input type="checkbox"/> Yes <input type="checkbox"/> No Submitted background packet? <input type="checkbox"/> Yes <input type="checkbox"/> No Background investigation conducted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Psychological? <input type="checkbox"/> Yes <input type="checkbox"/> No Polygraph? <input type="checkbox"/> Yes <input type="checkbox"/> No Medical? <input type="checkbox"/> Yes <input type="checkbox"/> No STATUS AND/OR RESULTS: | | |

Continued...

Personal History Statement

Law Enforcement Information continued

| | | |
|--|---------------------------|--|
| Name of Agency - Complete Address, Zip Code, Telephone | Position/Classification | Date (Month/Year) |
| Submitted Application Only <input type="checkbox"/> Took Written? <input type="checkbox"/> Yes <input type="checkbox"/> No Took physical abilities? <input type="checkbox"/> Yes <input type="checkbox"/> No Submitted background packet? <input type="checkbox"/> Yes <input type="checkbox"/> No Background investigation conducted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Psychological? <input type="checkbox"/> Yes <input type="checkbox"/> No Polygraph? <input type="checkbox"/> Yes <input type="checkbox"/> No Medical? <input type="checkbox"/> Yes <input type="checkbox"/> No STATUS AND/OR RESULTS: | | |
| Name of Agency - Complete Address, Zip Code, Telephone | Position/Classification | Date (Month/Year) |
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| Name of Agency - Complete Address, Zip Code, Telephone | Position/Classification | Date (Month/Year) |
| Submitted Application Only <input type="checkbox"/> Took Written? <input type="checkbox"/> Yes <input type="checkbox"/> No Took physical abilities? <input type="checkbox"/> Yes <input type="checkbox"/> No Submitted background packet? <input type="checkbox"/> Yes <input type="checkbox"/> No Background investigation conducted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Psychological? <input type="checkbox"/> Yes <input type="checkbox"/> No Polygraph? <input type="checkbox"/> Yes <input type="checkbox"/> No Medical? <input type="checkbox"/> Yes <input type="checkbox"/> No STATUS AND/OR RESULTS: | | |
| 64. Do you have any prior law enforcement experience? Include police reserves and/or military police. <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Agency | Rank, Title, Position | Date |
| | | |
| | | |
| 65. Have you ever attended any law enforcement training center? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Academy Name: | Dates from _____ to _____ | Did you complete the training? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Address: | City: | State: Zip code: |
| Academy Name: | Dates from _____ to _____ | Did you complete the training? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Address: | City: | State: Zip code: |

Personal History Statement

66. Please state your reasons for wanting to become an employee with the Idaho State Police. List any additional experience or qualifications you feel may be beneficial. **Complete this section in your own handwriting, or printing. Do not type.**

[illegible]

Personal History Statement

USE THIS PAGE FOR ANY ADDITIONAL INFORMATION

If you are responding to a question, please write the number of the question.

[illegible]

Personal History Statement

USE THIS PAGE FOR ANY ADDITIONAL INFORMATION.

If you are responding to a question, please write the number of the question.

[illegible]

I understand that any appointment tendered me will be contingent upon the results of a thorough background investigation. I hereby certify that all statements made in this personal history statement are true and complete and that I personally completed this form. I understand that any discrepancies, misstatements, omissions and/or falsifications will cause my name to be removed from the eligible list, or be cause for dismissal if an appointment was made.

I have read the above statement and prior to submitting my personal history statement and I have reviewed this document carefully for accuracy.

Signature in full

| |
|----------------|
| Date completed |
|----------------|



IDAHO STATE POLICE
AUTHORIZATION FOR RELEASE
OF RECORDS AND PERSONAL INFORMATION
FOR PRE-EMPLOYMENT BACKGROUND INVESTIGATION

I, _____, do hereby authorize a review of and full disclosure of all records and information concerning myself to any duly authorized agent of the Idaho State Police (ISP), regardless of whether the said records and information are of a public, private, or confidential nature. This shall include, but not be limited to, employment files, personnel records; background investigation files; disciplinary records; any and all internal affairs investigations, complaints or grievances filed by or against me; training files; arrest, criminal, probation and driving records; polygraph and psychological examination and opinions .

The intent of this authorization is to give my unqualified consent for disclosure of the records of educational institutions; financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings); and other financial statements and records wherever filed; medical and psychiatric treatment and/or other financial statements and records wherever filed; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veteran's Administration; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me and the records of attorneys or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by ISP. I also certify that any partnership, person, association, organization, governmental entity or agency, including their officials, employee(s), agents and assigns who may furnish such information concerning me shall not be held liable for giving records or information. I do hereby release said partnership, person, association, organization, governmental entity or agency, including their officials, employee(s), agents and assigns from any and all claims or causes of action whatsoever for damages, expenses, costs or attorneys fees which may be incurred as a result of furnishing such information.

By means of this authorization, I am giving my consent to ISP to follow up inquiries into my personal history statement.

Once submitted, your PHS and all material and information gathered and/or discovered during the hiring process becomes the sole property of the Idaho State Police.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

DATED this _____ day of _____ . _____

Signature (include maiden name)

Street Address

_____, _____
City State Zip Code

Telephone: _____

Date of Birth: _____

Social Security # _____ - ____ - _____

SUBSCRIBED AND SWORN TO before me, a Notary Public in the State of _____ , this _____ day of _____, 20__ .

Notary Public for _____
Residing at _____,
My commission expires: _____



To Whom It May Concern:

I,

_____(Name, date of birth), am an applicant for a **commissioned position** within the State of Idaho.

- _____ I fully understand the Idaho State Police will perform a complete and thorough background investigation to ensure that I have the necessary skills, abilities, and integrity to perform as a commissioned officer in the State of Idaho. I recognize and understand that this background investigation will include, but not be limited to, personal history, usage of illegal drugs, criminal misconduct, domestic violence, immoral behavior, and any other behaviors deemed by the Idaho State Police to be detrimental for the service as a commissioned officer in the State of Idaho. I also fully understand that information learned by the Idaho State Police may result in adverse employment consequences, including, but not limited to, not being hired.
- _____ Recognizing all of the above, I hereby give the Idaho State Police full and complete permission to disclose the findings and results of this comprehensive background investigation to my current employer and/or Idaho POST. I understand that this disclosure may result in adverse consequences for me in my current job, including, but not limited to, termination from employment, negative reference for future employment, possible criminal prosecution and the possibility of disqualification of being a peace officer in the State of Idaho. I agree to hold the Idaho State Police harmless from any and all claims made by me as a result of this release of information. I further understand that the decision to release this information to my current employer rests solely with the Idaho State Police.
- _____ I have initialed each of the above paragraphs and have signed this waiver at the bottom of this page voluntarily with full understanding of the contents and consequences of this waiver. I further acknowledge that I have been offered the opportunity to withdraw my application for employment before submitting to a background investigation.

Current Employer: _____

Department Head: _____

Address: _____ City/State/Zip: _____

Phone of Department Head: _____

Applicant signature: _____ Date: _____

State of _____

County of _____

Subscribed and sworn before me this _____ day of _____, 20____ by _____

Notary Public

My Commission expires: _____

Idaho State Police
Authorization for Release
Consumer Disclosure Pursuant to Fair Credit Reporting Act
(15 U.S.C. 1681b)

An investigative consumer report may be obtained for employment purposes. Prior to taking any adverse action based in whole or in part of the report, the Idaho State Police shall provide you with a copy of the report and a copy of your rights under the Fair Credit Reporting Act.

I, _____ (print name), authorize the Idaho State Police to procure my consumer credit report.

(Signature)

(Date)

TRANSCRIPT REQUEST

To the Registrar: _____
Name of High School/College Attended

Your Name: _____
Last First Middle

Your Current Address: _____
Street Address

City State Zip Code

Name used when attending school (if different than above):

Last First Middle

Social Security #: _____ Date of Birth: _____

Date(s) attended or graduated: _____

Please forward one official copy of my transcript ATTACHED TO THIS FORM to: **Idaho State Police-Human Resources, PO Box 700, Meridian, ID 83680-0700.**

Signature Date

I have enclosed \$ _____ to cover transcript fees.

TRANSCRIPT REQUEST

To the Registrar: _____
Name of High School/College Attended

Your Name: _____
Last First Middle

Your Current Address: _____
Street Address

City State Zip Code

Name used when attending school (if different than above):

Last First Middle

Social Security #: _____ Date of Birth: _____

Date(s) attended or graduated: _____

Please forward one official copy of my transcript ATTACHED TO THIS FORM to: **Idaho State Police-Human Resources, PO Box 700, Meridian, ID 83680-0700.**

Signature Date

I have enclosed \$ _____ to cover transcript fees.

**IDAHO STATE POLICE
BACKGROUND INVESTIGATION
REQUIRED DOCUMENTS**

IMPORTANT-Read and follow these instructions carefully!!!

Instructions: All items covered on the below list are your responsibility to obtain. It may take several weeks to gather some of these documents, so begin working on them at once! Do not delay completing your Background package while waiting for these documents! Submit your background package by the stated deadline, even if some of the original documents are not immediately available. You must attach legible copies of those original documents, when you turn in your background package. All copies of documents are *one item per page except #1*. Failure to promptly provide these documents may result in the suspension of your background from employment consideration.

1. **Drivers License/SS card:** Drivers license with extension (if applicable) and official Social Security card (with the columns on the side) photocopied together on one page. Make 2 legible copies.
2. **Birth Certificate:** Documentation of U.S. Citizenship, or status as a permanent resident alien (birth certificate, naturalization certificate, or passport).
3. **High School Diploma:** High School diploma and/or GED Certificate **with** test scores or High School Proficiency Certificate.
4. **College Diploma:** College diploma(s) if the position applied for requires college education
5. **Military DD-214:** Military DD-214 Long Form for anyone who served any time in the military.
6. **Selective Service Registration:** Card for other male applicants. Phone 1-847-688-6888 if you need a copy. Males born between 1-1-54 and 12-31-59 had no registration requirement.
7. **Marriage/Divorce paperwork:** Official marriage certificate(s) and final judgment of dissolution/annulment for each marriage dissolved.
8. **Name Changes:** All documents reflecting any name changes from birth certificate.
9. **Legal Documents:** Any document relating to any civil, criminal, or bankruptcy proceedings (i.e., arrest reports, traffic collision reports within the past 5 years, case reports, civil suits).
10. **Vehicle Insurance:** Insurance cover page(s) indicating proof of required vehicle insurance listing your vehicles, your coverage and indicating that you are an insured driver.
11. **Vehicle Registration:** Vehicle Registration for all owned vehicles.
12. **Rental Contract:** Rental application/contract and/or agreement from current landlord.

THE FOLLOWING ADDITIONAL INFORMATION AND DOCUMENTS ARE REQUIRED FROM APPLICANTS WHO ARE PRESENTLY IN LAW ENFORCEMENT, OR WHO HAVE BEEN LAW ENFORCEMENT, OR CORRECTIONS OFFICERS, OR HAVE ATTENDED ANY LAW ENFORCEMENT ACADEMY.

1. **School Transcripts:** Official and sealed school transcripts. Use form and mail for high school transcripts (whether or not you graduated) and, as necessary, all college(s), business or vocational transcripts (whether or not you graduated). **This is the only item which you mail.**
2. Law Enforcement Training Academy or Corrections Academy Graduation Certificate(s).
3. All P.O.S.T. Certificates.
4. CPR Card, First Aid Card.
5. Copies of any Internal Affairs Files.
6. Copies of evaluations covering the last three years.
7. List of last three supervisors, indicating rank, current assignment, and work phone number/daytime number.

12/00

IDAHO STATE POLICE BACKGROUND INVESTIGATION POLYGRAPH

Areas which will be covered during the pre-employment polygraph interview and examination for the position you have applied for with the Idaho State Police:

- A. **Application information:** These questions address each applicant's truthfulness, in regards to the information he or she has supplied during the application process that includes the background information.
- B. **Alcohol and narcotic usage:** These questions delve into the applicant's pattern of usage of both alcohol and illegal drugs or narcotics, including a detailed inventory of the types of drugs used, the frequency of usage, and the last contact with drugs
- C. **Criminal activity and associations:** Past criminal acts, associations with criminal elements, prior arrests or detentions by police agencies and the applicant's driving record are discussed.
- D. **Past employment:** The applicant's work history is discussed.
- E. **Security matters:** The applicant is questioned as to whether he or she has ever associated with any subversive groups.
- F. **Military service:** The applicant's history of military service, if any, is discussed.
- G. **Marital status:** The applicant's marital status, prior marriages, number of dependants and how the applicant handles those responsibilities are discussed.
- H. **Gambling:** The applicant's gambling habits, if any, are discussed.
- I. **Indebtedness:** The applicant's handling of financial responsibilities and present financial status are discussed.
- J. **Sexual activities:** Applicants are questioned about whether they have a history of participation in certain sexual behaviors, which would directly conflict with the duties of an employee of the Idaho State Police.
- K. **Prior law enforcement experience:** Applicants with any prior law enforcement experience, civilian or military, are questioned about their performance in that position
- L. **The job:** Questions regarding essential job functions, and the willingness to comply with the rules and regulations.